Name in Full. Levin D Adkins

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Salisbury County: Wicomico

Date of death: Month: June Day: 22 Years: 71 Months: Days:

Sex: male Color or Race: White Birthplace: Md

Occupation: Farmer Where Residing if not at place of death:

Married, ~~Single~~ or Widowed Name of Wife or ~~Husband~~: Hennis Adkins

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Milton D Adkins Father's Birthplace: Md

Mother's Maiden Name: Nasa Davis Mother's Birthplace: Md

Name of person giving Information: James B Adkins How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy How long:

Immediate: Coma Heart failure How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Louis W. Dennis M.D.

Address: Salisbury Md.

Accident or Suicide?

9

LIBRARY BUREAU A66016

Name in Full: Hiram James Burbage

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Powellville — County: Wicomico

Date of death 1905 — Month: June — Day: 27 — Years: Age 62 — Months: 10 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Powellville

Occupation: Farmer — Where Residing if not at place of death: At Home

Married, Single or Widowed: Married — Name of Wife or Husband: Laura Ann Burbage

Father's Name: Lawson Burbage — Father's Birthplace: Pope Creek

Mother's Maiden Name: Margaret Jones — Mother's Birthplace: Dango

Name of person giving Information: Elmer E Burbage — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 1 s.

Immediate: Heart failure from Stomatic attack — How long: 1 d.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Holland

Address: Powellville Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Wm Henry Burke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death 1905: Month: June — Day: 6 — Age: Years: 85 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Baltimore Md.

Occupation: Caulker — Where Residing if not at place of death: Mt Vernon Somerset Co. Md.

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Birtha Burke

Father's Name: Not known — Father's Birthplace: not known

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving In formation: Edward C. Burke — How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-sclerosis — How long: Some months.

Immediate: Gunshot wound in head — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: J M McCardick

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: Elijah Carter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1905 — Month: June — Day: 5 — Years: Age 60 — Months — Days

Sex: male — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widower — Name of Wife or Husband

Father's Name: John C. Carter — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Eddie S. Carter — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis — How long

Immediate: Toxaemia & heartfailure — How long: 36 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis Williams M.D.

Address: Salisbury Md.

Accident or Suicide?

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LIBRARY BUREAU A88810

Name in Full: Laurenda V. Henry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: June — Day: 2nd. — Years: 35 — Months: — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co. Md.

Occupation: Housewife — Where Residing if not at place of death: On Taylors Island Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Charles E. Henry

Father's Name: Samuel Waters — Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Henrietta Waters — Mother's Birthplace: " " "

Name of person giving information: Charles E. Henry — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long: about 1 mon

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mildred May Hopkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: June; Day: 21; 1905

Age: Years: 3; Months: ; Days: 4

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Levin F Hopkins

Father's Birthplace: Md

Mother's Maiden Name: Kizzie E Murray

Mother's Birthplace: Md

Name of person giving information: Levin F Hopkins

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion & Drinker

How long: 5 days

Immediate: Heart failure

How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Clemons

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A28516

Name in Full

Ann Hubbard

Certificate of Death

Died at 10th District (Town) Wicomico (County) MARYLAND

Date 1905 — Month June Day 21 | Age Y. 50 M. D. 4 | Native of — | Occupation House wife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living none.

Husband of Wife Isaac Hubbard

Father's Name — | Mother's Maiden Name —

Cause of Death: Primary Cancer | How long sick 6 weeks.

Immediate | Accident, Suicide, Homicide

Reported by W. D. Gravenor M.D.

Address [redacted] No Dorton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Minnie Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death — Month: June — Day: 15 — Year: 1905 — Age: Years 22 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Snell Johnson

Father's Name: George B Donaway — Father's Birthplace: Md

Mother's Maiden Name: Annie Adkins — Mother's Birthplace: Md

Name of person giving information: Snell Johnson — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Tuberculosis — How long: 2 years

Immediate: Exhaustion — How long: few days

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: J McCardell

Address: Salisbury Md

Accident or Suicide? No

LIBRARY BUREAU A32016

Name in Full: Lester Raymond Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hebron — County: Wicomico

Date of death 1905 — Month: June — Day: 23

Age — Years: 7 — Months: 11 — Days:

Sex: Male — Color or Race: white — Birthplace: Hebron

Occupation: — — Where Residing if not at place of death: Hebron

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James S. Jones — Father's Birthplace: Worcester Co

Mother's Maiden Name: Eliza J. Baker — Mother's Birthplace: Worcester Co

Name of person giving Information: James S. Jones — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Anemia. General — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H C Conaway

Address: Hebron Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House | County: Wicomico

Date of death: Month: June | Day: 10 | 1905

Age: Years: ~~30~~ | Months: | Days: 4

Sex: Female | Color or Race: Black | Birthplace: Alms House

Occupation: None | Where Residing if not at place of death: Alms House

Married, Single or Widowed: Single | Name of Wife or Husband: Don't Know

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know (Illegitimate) | Father's Birthplace: Don't Know

Mother's Maiden Name: Mary Jones | Mother's Birthplace: Don't Know

Name of person giving Information: Mr J Darby | How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Yes | How long: from birth

Immediate: Fever from Jaundice | How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide? Neither

LIBRARY BUREAU A88818

Name in Full: Geo Jonson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: June; Day: 3; 1905

Age: Years: 70; Months: ; Days:

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death: Salisbury

Married, Single, Widowed

Name of Wife or Husband: Mary Jonson

Father's Name: Don't know

Father's Birthplace: —

Mother's Maiden Name: Don't know

Mother's Birthplace: —

Name of person giving Information: Ebbin Fethebery.

How related to deceased: No relation.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy

How long: 8 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. C. Holloway & Co.

Address: Salisbury Maryland.

Accident or Suicide?

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LIBRARY BUREAU A88816

Name in Full: Clem Leonard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1 90 — Month: June — Day: 16

Age — Years: 54 — Months: 6 — Days: 27

Sex: Male — Color or Race: Colored — Birthplace: Salisbury Md

Occupation: Butler — Where Residing if not at place of death: Phila Pa

Married, Single or Widowed: Married — Name of Wife or Husband: Tilly Leonard

Father's Name: George M Leonard S.C. — Father's Birthplace: Salisbury

Mother's Maiden Name: Margarita Cotes — Mother's Birthplace: Salisbury

Name of person giving Information: Mrs. M Leonard — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage — How long: 5 or 6 yrs.

Immediate: Pulmonary Hemorrhage — How long: 2 mins.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Humphreys M.D.

Address: Salisbury Md

Accident or Suicide? No

LIBRARY BUREAU A38516

Name in Full: Mary Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1905 June 24

Age: Years: 50; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation: Housework

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

Name of ~~Wife~~ or Husband: Emory Miller

Father's Name: Noah Franke

Father's Birthplace: Md

Mother's Maiden Name: Patty Atkins

Mother's Birthplace: Md

Name of person giving information: Cornelia Miller

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know

How long:

Immediate: Don't Know

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. L. Holloway M.D.

Address: Salisbury Maryland

Accident or Suicide?

LIBRARY BUREAU A53516

Name in Full

Certificate of Death

Mary Jane Moore

Died at Town: 10th Dist County: Wicomico MARYLAND

Date 19 0 J— Month Day: June 17 | Age Y. M. D.: 22 4 — | Native of | Occupation: House wife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 2

Husband of Wife: James Moore

Father's Name: Geo Smiley | Mother's Maiden Name: Harriett Smiley

Cause of Death — Primary: Consumption | How long sick: 6 months

Immediate | Accident, Suicide, Homicide

Reported by: W. D. Travers M Bio

Address: Shawplowa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. W Dorman

LIBRARY BUREAU, 79898

Name in Full: Annie Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allen — County: Wicomico

Date of death 1905 — Month: June — Day: 17

Age — Years: 40 — Months: 3 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Allen Md.

Occupation: Housekeeper — Where Residing If not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Preston J. Morris

Father's Name: Leori A. Malone — Father's Birthplace: Md.

Mother's Maiden Name: Letitia Poyor — Mother's Birthplace: "

Name of person giving information: Finley H. Price — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Apoplexy — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. I. T. Long

Address: Allen

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: Clementine M. Parsons

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Salisbury (County) Wicomico

Date of death 1905 — Month: June — Day: 15 — Age: Years 77 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Levin Parsons

Father's Name: Asa Turner — Father's Birthplace: Maryland

Mother's Maiden Name: Esther Crouch — Mother's Birthplace: "

Name of person giving information: Joshua W. Turner — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Obstruction — How long: Several days

Immediate: Inanition & Heart Failure — How long: 1 or 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemons

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Anthony Pollitt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allen — County: Wicomico

Date of death 1905 — Month: June — Day: 18 — Age: Years: 72 — Months: 3 — Days: —

Sex: Male — Color or Race: White — Birthplace: Near Fruitland Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary E. Anderson

Father's Name: Louis Pollitt — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Mitchell — Mother's Birthplace: "

Name of person giving information: A. P. Malone — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long

Immediate: Cardiac failure — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. I. T. Long

Address: Allen

Accident or Suicide?

LIBRARY BUREAU A88518



Name in Full: Vaughn Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1905; Month: June; Day: 13; Years: Age 10; Months: 2; Days:

Sex: male; Color or Race: W[illegible]C; Birthplace: Md

Occupation: School boy; Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James T Richardson; Father's Birthplace: Md

Mother's Maiden Name: Matilda Bonsville; Mother's Birthplace: Md

Name of person giving information: Charles Richardson; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Death result of Fall; How long:

Immediate: Fracture at base of Skull; How long: Sudden

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Monistere

Address: Salisbury Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A66515

Name in Full: Georgiana Turner

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Salisbury (County) Wicomico

Date of death 1905 (Month) June (Day) 2 Age (Years) 32 (Months) 1 (Days) 4

Sex Female Color or Race Black Birthplace Md

Occupation Housework Where Residing if not at place of death Easton Md

Married, Single or ~~Widowed~~ Name of ~~Wife or~~ Husband Isaac M Turner

Father's Name John C Gordy Father's Birthplace Md

Mother's Maiden Name Marion Mitchell Mother's Birthplace Md

Name of person giving Information Isaac M Turner How related to deceased Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Rheumatism & Spinal Trouble How long 3 Months

Immediate Paralysis & Stroke How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Gardner Stump M.D.

Address Salisbury Md

Accident or Suicide? No

LIBRARY BUREAU A8881

Name in Full: Lina Wailes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: June; Day: 29; 1905

Age: Years: 26; Months: 7; Days:

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed

Name of Wife or Husband:

Father's Name: Perry Wailes

Father's Birthplace: Md

Mother's Maiden Name: Sarah Parsons

Mother's Birthplace: Md

Name of person giving information: Shelley Wailes

How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: no Doctor suppose consumption

How long: 6 or 7 mos

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Holloway & Co

Address: Salisbury Md

Accident or Suicide? no

Undertakers

LIBRARY BUREAU A88816

Name in Full Infant Walker

Certificate of Death

Died at Town Shaplotter County Wicomico MARYLAND

Date 1905 Month June Day 27 | Age Y. 7 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name Benjamin Walker | Mother's Maiden Name Hester Walker.

Cause of Death: Primary / Immediate Water on the brain | How long sick | Accident, Suicide, Homicide

Reported by

Address W S Gravenor M D

no order

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full Williams M. M.

CERTIFICATE OF DEATH

MARYLAND

Died at Town Near Salisbury County Wicomico

Date of death 1905 Month June Day 21 Age ~~Years~~ Months Days 2

Sex Female Color or Race White Birthplace Near Salisbury

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name R. Barton Williams Father's Birthplace Md

Mother's Maiden Name Minnie Nader Mother's Birthplace Md

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Premature Birth (15) How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician F. H. Slemons M.D.

Address Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A33818